## 112000057692

(Re	questor's Name)	<del></del>
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PICK-UP	MAIT	MAIL
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Cenified Copies	_ Certificates	of Status
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October 31, 2018

KEVIN CHADWICK 600 1ST AVE N, STE 303 ST PETERSBURG, FL 33701

SUBJECT: KW COMMERCIAL TAMPA BAY, LLC

Ref. Number: L12000057692

We have received your document for KW COMMERCIAL TAMPA BAY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLRODA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 018A00022478

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## **COVER LETTER**

SUBJECT:	KW	Commercia	Tampa ded Liability Company	Bay, LL	. <u>C</u>
		regite (i) Lifting	ed Indoney Company		
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspond	dence concerning this matter to	o the following:		
			DANGE OF Person	<i>-</i>	
		KW Comn	1 Tampa Firm/Company	Bay	
				1	<u> </u>
		600 ist AV	e N, Stc	303	
		St. Peters		3370	5/
		Kwchad wick	City/State and Zip Code  Obe used for ffuture annual re	COM	
For further in	formation cor	cerning this matter, please cal	J	,	
Toni	Bise Name of I	251	at (727)	Daytime Telepho	ne Number
Enclosed is a	check for the	following amount:			
□ \$25.00 Fi	Hing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 Registration Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

STREET/COURIER ADDRESS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KW Commercial Tampa B	ay, LLC
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number $\underline{-41200057692}$ .	4/30/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the d	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	**.4
Enter new mailing address, if applicable:	28 20 20
(Mailing address MAY BE A POST OFFICE BOX)	
	<del></del>
B. If amending the registered agent and/or registered office address on	our records, enter the name of the new
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:  Enter Flor	rida street address
<u> </u>	, Florida
Сиу	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
$\overline{D}$	Robert Strickland	3502 S Henderson Blud	
		stc 300 Tampa, FL 33609	Yemove
0		<del></del>	Change
<u>)</u>	Ed Spooner	3502 S Hunderson Blvd sic 300	bb/ <b>i∭</b>
		Tampa, FL 33609	□ Remove
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ctive date, if other than the date of filing: 10/	1 / 18 (optional)
e: If the date inserted in this block does not meet the appli	or to date of filing or more than 90 days after filing.) Pursuant to 605.020' icable statutory filing requirements, this date will not be listed as
iment's effective date on the Department of State's record.	s.
ecord specifies a delayed effective date, but n	ot an effective time, at 12:01 a.m. on the earlier o
ne 90th day after the record is filed.	and the connection
a Nov 14 2018	
	<u> </u>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00